OFFICIAL FLE ORIGINAL ILLINOIS COMMENCE COMMISSION OR COMPLAINT

For Commission Use Only:
Case: 07 0340

2007 JUN - 7+ P 2: 07 W Springfield, Illinois 62701

CHIEF CLERY'S OFFICE
Regarding a complaint by (Person making the complaint): Tameca Miles
Against (Utility name): Nicor Gras
As to (Reason for complaint) Everytime terant moves out Gas is
then placed in my name. I was told to fill out a form
Submit: Something in writing and go on web page. in Chgo-forest PK Illinois. in my name.
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:
My mailing address is P.O. Box 53629 Chao, III. locks3
The service address that I am complaining about is LO45 S. Elgin Forest Pk, III. 60130
My herms telephone is (773) 317-8377
Between 8:30 A.M. and 5:00 P.M. weekdays. I can be reached at [<u>つつる</u>] <u>31つー837</u>)
(Full name of utility company) Nicor GOS (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint. 83-IL Adm Sec. 200.350
COFFICIAL SEAL Makinda Bolina Public State of Mirole
Continues of the Contin
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?
Has your complaint filed with that office been closed?

Please state your complaint briefly. Number each of the paragraphs. Please include time period and do extra sheet of paper if needed.	ollar amounts involved with your complaint. Use an
extra sheet of paper if needed. 11-8-05 Spoke w/ Lisa at Comporate of fire need to review the acct. 7-21-05 Spoke w/ Mrs. Sames receive fax and receive letter in mail stating a 11-17-05 Spoke with Lup pathy who confirm fax also made me aware that yearly fox not to put Gras on 3-21-06 Anthony stated received fox doca existions procedure and fusin Face Please clearly state what you want the Commission to do in this case fack and the That Service not be put in the	re said she would
need to review the acct. she	1 W. 1 2
7.21.05 Spoke uf Mrs. James receive tax and	of that I would
receive letter in man - any	ned sho received the
In also made me auone that	she received my
yearly fox not to put Gras on	in between tenant
3-21-06 Anthony stated received tox doce	ld not go inside the
Please clearly state what you want the Commission to do in this case back and the	port until receive ke
That service not be put in m	y name In
between Terant regulardiess of	t Being the
	\bigcap \bigcap \bigcap
Date: Month, day, year) Complainant's Signature (Month, day, year)	ameca Ilale
If an attorney will correspond your places give the attorney's some address and allock	
If an attorney will represent you, please give the attorney's name, address, and telephone number.	
You need to file the original with the Commission. Also, provide one copy for each utility complained abou	ut (referred to as respondents).
VERIFICATION	
A notary public must witness the completion of this part of the form.	
I DOLOGO Miles first being duly sworn say that I have	e read the above petition and know what it says.
The contents of this petition are true to the best of my knowledge.	e read the above petition and know what it says.
(Signature) January	•
Subscribed and sworn/affirmed to before me on (month, day, year) 5/16/2007	
Melindas Boline	'OFFICIAL SEAL'
Notary Public, Illinois	Metinde Saline Notary Public, State of Minole
	Ny Commission Profess April 18, 2010

NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.